I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under
oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears
above, or on an attachment with all other like empowered.

#### SIGNATURE: WILLIAM FIFE

Electronic Signature of Signing Officer/Director Detail

PRESIDENT

02/28/2024 Date

2024 FLORIDA NOT FOR PROFIT CORP	ORATION ANNUAL REPORT

#### DOCUMENT# N2300005833

Entity Name: MAGNOLIA POINTE COMMUNITY ASSOCIATION, INC.

#### **Current Principal Place of Business:**

1170 CELEBRATION BLVD SUITE 202 CELEBRATION, FL 34747

## **Current Mailing Address:**

1170 CELEBRATION BLVD SUITE 202 CELEBRATION, FL 34747 US

## FEI Number: 93-3109602

## Name and Address of Current Registered Agent:

ACCESS MANAGEMENT 1170 CELEBRATION BLVD SUITE 202 CELEBRATION, FL 34747 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE	E: CATHY BRAND			02/28/2024	
	Electronic Signature of Registered Agent			Date	
Officer/Director Detail :					
Title	DP	Title	DVP		
Name	FIFE, WILLIAM	Name	MOLTON, MARY N		
Address	1170 CELEBRATION BLVD SUITE 202	Address	1170 CELEBRATION BLVD SUITE 202		
City-State-Zip:	CELEBRATION FL 34747	City-State-Zip:	CELEBRATION FL 34747		
Title	DST				
Name	BRONSON, ROBYN N				
Address	1170 CELEBRATION BLVD SUITE 202				
City-State-Zip:	CELEBRATION FL 34747				

# Certificate of Status Desired: No

FILED Feb 28, 2024 Secretary of State 0674707142CC